

Immunization Update

April 2001

Upcoming Trainings

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AFIX

AFIX (Assessment, Feedback, Incentive and eXchange) training will be taking place in the month of June 2001. The first training will be held in Olympia, Washington on June 19, 2001 from 8:00 a.m. -- 5:00 p.m. The second training will be held in Moses Lake, Washington on June 27, 2001 also from 8:00 - 5:00 p.m. For those counties that are unable to attend either of the scheduled trainings we will be providing separate training. Please contact Michelle Hofmann at 360-236-3579 to register for this training and/or for more information. Travel expenses will be reimbursed. More information will be sent to you via fax and mail in the month of April 2001.

Save the Date – Immunization Regional Trainings

The Immunization Program is in the process of planning three regional trainings this fall for LHJ Immunization staff. We are targeting immunization coordinators, vaccine distribution coordinators, immunization nurses, and hepatitis B coordinators. The dates and locations are:

Tuesday, September 18, 2001	Olympia
Wednesday, September 19, 2001	Everett
Monday, September 24, 2001	Moses Lake

A survey was mailed out to LHJ staff in April, for input on training topics. Please take a few moments to complete the survey and fax it back to 360-236-3590. Questions may be directed to Tawney Harper, 360-236-3512 or tawney.harper@doh.wa.gov.

Information Sharing at Upcoming MCH Regional Team meetings

Highlights from the 2000 Consolidated Contract year-end reports, and anticipated changes to the 2002 contract, will be shared at the quarterly MCH Regional Team meetings scheduled between May and August. For dates, times, and locations of the meetings, please contact Beth Siemon, MCH Teams Coordinator, at (360) 236-3516 or beth.siemon@doh.wa.gov.

Programmatic Updates

Benchmarking Activities

Analysis of “Benchmarking 2000” is nearing completion. The report will follow the format used last year and will be mailed to LHJs as soon as it is available.

Reminder: This year, benchmarking is being conducted during the entire month of May. The surveys are due back to DOH by June 15, 2001. Questions may be directed to Tawney Harper, 360-236-3512 or tawney.harper@doh.wa.gov.

2001 Consolidated Contract Changes

Your agency will soon be receiving amendments to the consolidated contract. These changes will increase funding for new and existing immunization activities. A summary of the changes are listed below:

- Expanded site visits will be required at an additional 5% of private provider sites within your jurisdiction. Expanded site visits include all components of a routine site visit, plus an assessment component using AFIX strategies (Assessment, Feedback, Incentive, eXchange).
- The current CASA requirement has been deleted from the contract and is no longer required.
- Language pertaining to the promotion of immunization for adolescents and adults against vaccine-preventable diseases has been added.

If you have any questions about these changes, please contact Tawney Harper, 360-236-3512 or tawney.harper@doh.wa.gov.

Management of Vaccine Supplies for Td, DT, DTaP, and PCV7

Td/DT/DTaP

There continues to be a nationwide shortage of Td, DT, and DTaP vaccines. The Td and DT shortage began last year and DTaP more recently.

In order to ensure equal distribution of these limited vaccines across the state, the Immunization Program will reduce vaccine orders when necessary to maintain at least some supply for all providers. We are also limiting the use of state-supplied Td vaccine for those 7 years of age up to the 19th birthday. For this group, you should recommend and follow the CDC national recommendations (listed in order of priority):

- Persons traveling to a country where the risk for diphtheria is high
- Persons requiring tetanus vaccination for prophylaxis in wound management
- Persons who have received <3 doses of vaccine containing Td
- Pregnant women and persons at occupational risk for tetanus-prone injuries who have not been vaccinated with Td within the previous ten years
- Adolescents who have not been vaccinated with a vaccine containing Td within the preceding 10 years
- Adults who have not been vaccinated with Td within the preceding 10 years

With regard to DTaP vaccine, if a provider has insufficient quantities of DTaP,

priority should be given to vaccinating infants with the initial 3 DTaP doses since pertussis is most severe among children aged less than one year and, if needed, to defer the fourth dose of DTaP. When adequate supplies of DTaP are available, providers should recall for vaccination all children who did not receive DTaP dose 4. At the present time, there is no change in the national policy for the recommended DTaP immunization schedule.

In addition, the CDC and the U.S. Immigration and Naturalization Service (INS) has issued an automatic waiver for the Td vaccine for new immigrants effective Feb. 1, 2001 – September 30, 2001. They will reevaluate the situation at that time. This is done to ease some of the burden on the limited supply of vaccine.



PCV7

The Immunization Program is also limiting PCV7 vaccine orders to better manage the limited funds available for this new

vaccine. We are optimistic the legislature will approve funding to continue provision of PCV7 in our universal access distribution policy. Until these resources are available, we must carefully manage limited funds to ensure adequate vaccine is available to all providers.

The following children are eligible to receive PCV7 vaccine:

- Children 0 –2 years of age should be routinely immunized with PCV7 vaccine
- Children 24-59 months of age who are at high-risk for disease complications should routinely receive the vaccine
- Vaccine should also be available for children 24-59 months of age upon request of parents after consultation with their health care provider.

If you have questions, please call Bob Hayes at the Vaccine Distribution Center (360) 664-8687.

Hepatitis News

New Immunization Action Coalition Website for Showcasing High-Risk Hepatitis Prevention Programs –

Please Share Information about Your Program!

The Immunization Action Coalition (IAC) just launched a new website as part of a cooperative agreement with the Centers for Disease Control and Prevention (CDC). The website showcases programs across the United States that work to prevent hepatitis A, B, or C in people who are at risk for infection.

Health and social service professionals who develop or manage programs for populations at risk for hepatitis can use this site to read about other programs that use innovative methods of preventing viral hepatitis. The site includes information about programs for men who have sex with men (MSM), clients of STD and family planning clinics, drug treatment and needle exchange programs, adult and juvenile correctional facilities and more. Contact information is included with each program, as well as links to background information and related organizations. Visitors can also

download appropriate IAC educational material for their clients.

To check out this new resource, go to:
<http://www.hepprograms.org>

There are many exciting and successful programs in Washington State that need to be highlighted and shared with others! Immunization Coordinators and Hepatitis B Coordinators, please share information about your high-risk hepatitis prevention programs! Just follow the "Tell us about your program" link when on the web site or e-mail Teresa Anderson at the Immunization Action Coalition at evaluation@immunize.org.

Update on Perinatal Hepatitis B Prevention Activities in WA State

An assessment of the progress toward achievement of goals and objectives to prevent perinatal hepatitis B are done annually. Objectives for perinatal hepatitis B prevention include:

- ❖ Identify 90% of the expected number of births to hepatitis B surface antigen (HBsAg)-positive pregnant women
- ❖ Assure that 90% of the infants born to HBsAg-positive pregnant women receive HBIG and the first dose of hepatitis B vaccine at birth
- ❖ Assure that 90% of infants born to HBsAg-positive mothers receive the remaining two doses of hepatitis B vaccine by 6-8 months of age

Preliminary data on 1999 births were provided to you in the September 2000 edition of the *Immunization Update*. The table on the next page provides **final**

1999 data. The 1999 data presented are representative of perinatal hepatitis B information submitted to the Centers for Disease Control and Prevention (CDC) in January 2001.

As shown in the table, about 63% of the expected number of births to HBsAg-positive mothers was identified in 1999. Now that HBsAg-positivity during pregnancy is a required reportable condition, the number of births reported to HBsAg-positive women is expected to increase. Please continue to work with your local providers and hospitals to encourage reporting.

Of the 227 infants reported, 222 (98%) received HBIG and dose #1 of hepatitis B vaccine at birth. Of those receiving both HBIG and dose #1, 74% (165/222) completed the series by 6-8 months of age. The national Advisory Committee on Immunization Practices (ACIP) recommends completion of the third dose for perinatally exposed infants by 6 months of age. The percentage of infants who completed dose #3 by 6-8 months of age is higher than previous years, thanks to your hard work! Some strategies for assuring timely third dose completion are:

- Call or send letters to mothers to remind them of the third dose that is due *prior* to the due date
- Call or send letters to providers, especially nursing staff, to remind them of the third dose that is due *prior* to the due date
- Work with the following people to track families: a) Maternity Support Services (MSS) staff, b) WIC staff, c) STD staff, d) public health nurses, e) vaccine distribution coordinators in your health district, f) others?
- Utilize a tracking system (computerized or other mechanical system) to generate reminders

- Call the Immunization Program (360-236-3565) if a family moves out of the county or state prior to dose #3. We can provide this information to another county or state to assure that the series is completed.

Only 59% (134/227) of the 1999 infants reported received post vaccination testing by January 2001. It is very difficult to get providers and mothers to have blood drawn on their children. You can help by finding phlebotomists who are experienced in drawing blood on young children, and sharing information with parents and providers about the importance of testing. A sample letter for parents and providers, and an information sheet will be developed to help you in your work.

Thank you for your dedication and continued hard work in preventing perinatal hepatitis B! Your efforts are making a big difference in the lives of these babies who are significantly at higher risk for disease complications. If there is anything that will help you in your work, please contact Trang Kuss, Hepatitis Coordinator at 360-236-3555.



Additional updates related to perinatal hepatitis B prevention activities:

- ❖ The Perinatal Hepatitis B Program Manual is currently being updated. There will be many changes to the manual. Sample letters for parents and providers, and an information sheet on the importance of post-vaccination testing are some of the additional items that will be included in the manual. ***If you have any suggestions or ideas for inclusion in the manual, please call Trang Kuss.***
- ❖ The Immunization Program is in the process of planning for Regional Immunization Trainings. These trainings may present an opportunity for Hepatitis B Coordinators to share ideas. You will be notified if this opportunity is available.
- ❖ A Hepatitis Page for the Immunization Program web page is currently under construction and is expected to be completed by the end of July. A variety of hepatitis A, B, and C information will be included, such as local and national information, resources, and links to other websites.

If you have any questions, please contact Trang Kuss at (360) 236-3555.

ASSESSMENT OF PROGRESS TOWARD OBJECTIVES TO PREVENT
PERINATAL HEPATITIS B IN WASHINGTON STATE

	1993	1994	1995	1996	1997	1998	1999 (Final)
Number of infants born in specified year to HBsAg-positive mothers and reported	205	167	225	213	243	198	227 (plus 20 who moved)
Minimum expected number of births to HBsAg-positive mothers	309	343	343	360	387	358	389
Reported/expected	66%	54%	73%	58%	63%	55%	63%
Of the infants reported, number (%) received HBIG and dose 1 at birth	194 (95%)	161 (96%)	210 (93%)	207 (97%)	233 (96%)	194 (98%)	222 (98%)
Of the number of infants who received HBIG at birth, number (%) who completed series by 6-8 months of age	118 (61%)	110 (68%)	144 (69%)	137 (66%)	155 (67%)	127 (65%)	165 (74%)
Of the number of infants who received HBIG at birth, number (%) who completed series by 12 months of age	146 (75%)	133 (83%)	165 (79%)	156 (75%)	188 (81%)	152 (78%)	190 (86%)
Of the infants reported, number (%) who had post-vaccination testing	99 (48%)	100 (60%)	137 (61%)	96 (45%)	105 (43%)	110 (56%)	134 (59%)
Of the infants receiving post-vaccination testing, number of infants who were HBsAg positive	6	2	4	3	0	5 (as of 2/00)	3 (as of 1/01)

New Educational Materials and Forms

Below is a list of **NEW** materials we have at the Distribution Center. The amount of orders has increased so we are asking that, when possible, please FAX (360)-664-2929 or e-mail (steve.Bichler@doh.wa.gov) your orders. The phone line is still available.

Materials

- Plain Talk booklet - English (limit 100 for LHJs and 25 for all others)
- Plain Talk booklet – Spanish (limit 25)
- Is Your Baby Protected? Flier – limited quantities
- Lifetime Immunization Record
- Vaccine Administration Record
- What Asians and Pacific Islanders Need to Know About Hepatitis B? – Korean, Cambodian, Vietnamese, Tagalog, and Laotian. Chinese and Samoan will be available by mid-May.
- Updated Hepatitis Order Form
- Private Provider's Report of Vaccine Usage Form
- Monthly Vaccine Accountability Report Form

Resources available

- T.I.D.E. – Teaching Immunization Delivery & Evaluation for providers – www.cdc.gov/nip/ed/
- "How to Administer IM (Intramuscular) Injections" <http://www.health.state.mn.us/divs/dpc/adps/newsltr/admim.pdf>
- "How to Administer SQ (Subcutaneous) Injections," <http://www.health.state.mn.us/divs/dpc/adps/newsltr/admsq.pdf>
- Physician Peer Education Project for training provider office staff (from Michigan); includes modules for Pediatric, Family Practice and Adult providers. Available for loan from DOH – call Cindy Gleason at 360-236-3569.
- 4-part CDC VPD series – copies of the tapes for the 2001 session are available by sending an e-mail to Steve Bichler at steve.Bichler@doh.wa.gov.

News Briefs

Prevention and Control of Influenza

Recommendations of the Advisory Committee on Immunization Practices (ACIP) Summary

This report updates the 2000 recommendations by the Advisory Committee on Immunization Practices (ACIP) on the use of influenza vaccine and antiviral agents (MMWR 2000;49[No. RR-3]:1–38). The 2001 recommendations include new or updated information

regarding a) the cost-effectiveness of influenza vaccination; b) the influenza vaccine supply; c) neuraminidase-inhibitor antiviral drugs; d) the 2001–2002 trivalent vaccine virus strains, which are A/Moscow/10/99 (H3N2)-like, A/New Caledonia/20/99 (H1N1)-like, and B/Sichuan/379/99-like strains; and e) extension of the optimal time period for vaccination through November. A link to this report and other information regarding influenza can be accessed at the website

for the Influenza Branch, Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC at <http://www.cdc.gov/ncidod/diseases/flu/flu/irus.htm>.

Autism Events

In the last week of April, a number of autism-related events took place in Washington, D.C. The events included a hearing by the House Government Reform Committee on April 25 as well as a rally on April 27. Immunization and vaccines were a significant part of the events and activities. NIP's website currently provides

much information on vaccines and autism, and we will be updating that information throughout the coming weeks.

Measles Update

The measles outbreak in western Washington appears to be over. The state ended up with 15 confirmed cases, 12 in King Co.; 1 in Clark Co.; and 2 in Island Co. Hundreds of rash illnesses were investigated from January – April with many dedicated hours of work put in by state and local staff.

Did you know?

Immunization Action Coalition of Washington

IACW meets quarterly to discuss and update partners on current immunization activities and emergent topics. IACW has 4 subcommittees that conduct grass roots planning and development of practices to improve the immunization levels in WA. To find out more, contact Jennifer at 206-284-2465.

- *Public Awareness and Education* – is currently developing a curriculum to use in schools called “Bugs in the Bod” that teaches children about what germs are and how they get in your body. Watch for more details.
- *Health Care Provider* – continues to work with Nursing Schools to increase nursing students knowledge about immunizations
- *Adult* – is working with outpatient as well as long-term care facilities to provide influenza and pneumococcal disease information for patients.
- *API Task Force* – continues to work on media outreach to API publications as well as Chinese

language school testing and vaccination programs.

Private Partners in Your Community

DOH Immunization Program is in its seventh year of working with DeLaunay-Phillips Marketing Firm to contact private sector partners to encourage them to provide Immunization information to their employees and customers. This outreach has reached hundreds of thousands of people throughout the state with posters, grocery page stuffers, newsletter articles, immunization schedule on milk cartons and more. Large companies and small alike have participated in helping to promote our immunization message. LHJ encouragement of these companies to participate helps build local partnerships as well.

